IPDR6702				NORTH CAROLINA		***	AGE: 1	
	12/02/2007		II	NORTH CAROLINA PRS CHECKWRITE SUMMARY REPORT		P	AGE: 1	
				CHECKWRITE DATE: 12/04/2007				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL N	UMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8535 7	738	SERVICE FACILITY LOCATION WAS				
	H/DD/SAS			NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
				Tables Reconstruction Cartes William				
		8534 5	i	SERVICE FACILITY LOCATION IS N	(743	743	
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PLEASE VERIFI THE F				
3404904	WESTERN HIGHLAN	8599 1	.46	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518 4	19	"CLAIM DENIED. SUBMITTED BEYO		271	14863	1459
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		8800 2	27	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
_			_	FUTURE RA'S.				
3404910	PATHWAYS	21 5	36	DUPLICATE OF CLAIM-SYSTEM	+			1
				-	1			
		8505 3	109	CLAIM DENIED DUE TO INSUFFICIE	1		m	
				NT BUDGET		1137	7389	625
		0500	1.4	DESCRIPTION OF GOVERNMENT				
		8599 1	.14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8599 1	.07	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8505 1	.4	CLAIM DENIED DUE TO INSUFFICIE	(139	3036	289
				NT BUDGET				
		120 9)	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				TO IT WAS CARREST				
3404913	MECKLENBURG COM	8505 6	282	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800 1	.804	FURTHER PROCESSING NECESSARY,	(9010	9156	14
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8508 3	866	CLAIM DENIED NO BUDGET FOUND	+			
3404916	CROSSROADS BEHA	8599 1	.63	DETAIL NOT COVERED BY COMBINAT	+			1
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND	1			
				BENEFIT PACKAGE.				
		79 3	18	THIS SERVICE IS NOT PAYABLE TO	(273	4930	465
				YOUR SUBMITTED BILLING	+	273	4930	405
				PROVIDER TYPE AND SPECIALTY IN				
		3412 2	21	PROVIDER TYPE AND SPECIALTY 07				
		3712 2		4/113 CANNOT BILL ENHANCED	+			
				BENEFIT SERVICES ON OR AFTER D				
2404012		0505	72	OLATM DENTED DUE NO TWO PROTESTING				
3404917	CENTERPOINT HUM	8505 1	.73	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	+			
	AN SERVICES				+			
-		11 1	.22	CLIENT NOT ELIGIBLE ON SERVICE	(413	2795	238
	1	+		DATE	+	-		
		8599 6	50	DETAIL NOT COVERED BY COMBINAT				l
		0399	,,,					
		0399	,,,	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

ACCOUNTS SAME SECTION Principle of the Control of the Contro					T				I I
Marche March Mar	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
March Marc		PROVIDER NAME			DESCRIPTION				PAID
15 15 15 15 15 15 15 15									
	3404919		8505	3145					
MARINE SORRY OF CAME OF STORY 1		TAL HEALTHC			NT BUDGET				
			8800	939	FURTHER PROCESSING NECESSARY,	0	4885	5585	700
MANAGES 14 15 15 15 15 15 15 15									
NAMES CANSTEL 1					FUTURE RA'S.				
NAMES CANSTEL 1			0500	400	CLAIM DENIED NO BILIDOPP BOIND				
			0300	433	CHAIN DENIED NO BODGET FOOND				
144921	3404920		11	101					
140921 CAMPINE PERSON 1505 15 CAMPINE PROVIDED BY DESIGNATION 150		L AREA MH D			DATE				
140921 CAMPINE PERSON 1505 15 CAMPINE PROVIDED BY DESIGNATION 150									
MATEUR AND			0	0		0	101	106	5
MATEUR AND									
MATEUR AND	2404921		0000	E1	CIAIM DENIED DIE TO INCHESTOTS				
1400 151 171 171 171 171 171 171 171 171 171	3404921		0303	51					
PATRICE CANA S. CALLARY D. STORES		HATHAN AKEA							
PATRICE CANA S. CALLARY D. STORES									
STATES S			8800	41		0	159	3227	3068
100 100			1						
			 		AM U.				
1424922 THE EDWARD CERT 8505 1681			191	25					
STATE					H PATIENT NAME				
	2404922		0505	1601	CLAIM DENIED DIE TO INCHESTOTS				
100 100				-001					
		LIK .							
PRINCE CHIEF POR CLAIM ON									
1			8800	569	-	0	2580	4991	2411
11 173 CLIERT NOT ELIGIBLE ON SERVICE 10									
1404933 150					TOTORE AND O				
1404933 PLYS COUNTY ME			11	173	CLIENT NOT ELIGIBLE ON SERVICE				
					DATE				
### ### ##############################									
### ### ##############################	3404923	DTUD GOIDWIN MI	8505	713	CLAIM DENIED DUE TO INSURFICIE				
	3404923	FIVE COUNTY MH	0303	713					
			8508	562	CLAIM DENIED NO BUDGET FOUND	0	2041	2241	200
THE LAM			8329	471					
3404925 SANDHILLS CENTE									
R FOR MA/DD					THE LMA				
R FOR MH/DD	3404925	SANDHILLS CENTE	8505	3207	CLAIM DENIED DUE TO INSUFFICIE				
S					NT BUDGET				
8800 496 FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. 3404926 SOUTHEASTERN RE 8518 190 "CLAIM DENIED. SUBMITTED BEYO G MENTAL HL IN EFFECT FOR THIS FISCAL YEAR ECIALTY COMBINATION IS NOT SCIENCE FOR CUMBERLAND CO N 8518 55 "CLAIM DENIED. SUBMITTED BEYO ATTENDING PROVIDER TYPE AND SP 1 551 3974 ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DATE ND TIMELY FILING LIMIT ACCURBERLAND CO N 8518 55 "CLAIM DENIED. SUBMITTED BEYO ND THELY FILING LIMIT ND TIMELY FILING LIMIT HE SS99 47 DETAIL NOT COVERED BY COMBINAT O 177 1647 IN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.									
8800 496 FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. 3404926 SOUTHEASTERN RE 8518 190 "CLAIM DENIED. SUBMITTED BEYO G MENTAL HL IN EFFECT FOR THIS FISCAL YEAR ECIALTY COMBINATION IS NOT SCIENCE FOR CUMBERLAND CO N 8518 55 "CLAIM DENIED. SUBMITTED BEYO ATTENDING PROVIDER TYPE AND SP 1 551 3974 ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DATE ND TIMELY FILING LIMIT ACCURBERLAND CO N 8518 55 "CLAIM DENIED. SUBMITTED BEYO ND THELY FILING LIMIT ND TIMELY FILING LIMIT HE SS99 47 DETAIL NOT COVERED BY COMBINAT O 177 1647 IN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			0500	649	CLAIM DENIED NO DIROTE BOUND				
PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		+	5500	V70	CLICATION NO BUDGET FOUND	20	5303	5517	214
PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		+							
PLEASE CHECK FOR CLAIM ON FUTURE RA'S.									
SOUTHERSTERN RE			8800	496					
SOUTHEASTERN RE			1						
C MENTAL HL			1						
NO TIMELY FILING LIMIT	3404926	SOUTHEASTERN RE	8518	190	"CLAIM DENIED. SUBMITTED BEYO				
8536 94 ATTENDING PROVIDER TYPE AND SP 1 551 3974									
ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR 11 74 CLIENT NOT ELIGIBLE ON SERVICE DATE CUMBERLAND CO M 8518 55 "CLAIM DENIED. SUBMITTED BEYO HC IN THE PROPERTY OF THIS PISCAL YEAR 1					IN EFFECT FOR THIS FISCAL YEAR				
ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR 11 74 CLIENT NOT ELIGIBLE ON SERVICE DATE CUMBERLAND CO M 8518 55 "CLAIM DENIED. SUBMITTED BEYO HC IN THE PROPERTY OF THIS PISCAL YEAR 1		 	8536	94	ATTENDING PROVIDER TYPE AND SD	-		205	3423
VALID FOR SUBMITTED BILLING PR						1	551	3974	3423
DATE DATE									
DATE DATE					ar years				
STATE STAT			11	/4					
HC ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR 8599 47 DETAIL NOT COVERED BY COMBINAT 0 177 1647 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8505 38 CLAIM DENIED DUE TO INSUFFICIE			 		D0112				
HC ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR 8599 47 DETAIL NOT COVERED BY COMBINAT 0 177 1647 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8505 38 CLAIM DENIED DUE TO INSUFFICIE			1						
HC	3404927	CUMBERLAND CO M	8518	55					
		HC							
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8505 38 CLAIM DENIED DUE TO INSUFFICIE			1		IN EFFECT FOR THIS FISCAL YEAR				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8505 38 CLAIM DENIED DUE TO INSUFFICIE		-	8599	47	DETAIL NOT COVERED BY COMBINAT	n	177	1647	1470
8505 38 CLAIM DENIED DUE TO INSUFFICIE			1		ION OF RECIPIENT, PROVIDER AND	0	1//	1047	14/0
					BENEFIT PACKAGE.				
		<u> </u>	9505	20	CLAIM DENIED DIE TO INCUESTATE				
		+	0303	20					

		T		T	ı	ı	ı	1
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	MNTL HLTHC			DATE				
		0	0		0	21	21	0
3404931	WAKE CO HUM SVC	8505	751	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8800	567	FURTHER PROCESSING NECESSARY,	23	2150	7340	5190
				PLEASE CHECK FOR CLAIM ON	23	2130	7510	3130
				FUTURE RA'S.				
		8599	165	DETAIL NOT COVERED BY COMBINAT				
		0333	103	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404022		0505	703	OVANA PRIVATE BUILDING THOUSENED TO				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	703	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MIN/DD							
		8599	85	DETAIL NOT COVERED BY COMBINAT	0	966	5918	4952
	+			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+							
		191	83	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME	-		-	
3404934	ONSLOW CARTERET	8535	405	SERVICE FACILITY LOCATION WAS				
	BEHAV HEAL			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8599	253	DETAIL NOT COVERED BY COMBINAT				
		8399	253	ION OF RECIPIENT, PROVIDER AND	0	1054	3328	2274
				BENEFIT PACKAGE.				
		8518	178	*CLAIM DENIED. SUBMITTED BEYO				
				ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404937	THE BEACON CENT	8518	3	"CLAIM DENIED. SUBMITTED BEYO				
	ER			ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
	1	8599	3	DETAIL NOT COVERED BY COMBINAT	-			
	+	0333	7	ION OF RECIPIENT, PROVIDER AND	0	6	1216	1210
	†			BENEFIT PACKAGE.				
2404	1	0500	053	DESCRIPTION OF COURSE				
3404939	EAST CAROLINA B	8599	253	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	EHAVIORAL H	-		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+							
		3411	99	PROVIDER TYPE AND SPECIALTY 07	0	582	6516	5934
	<u> </u>			4/113 CANNOT BILL ENHANCED				
	+			BENEFIT SERVICES ON OR AFTER D				
		21	74	DUPLICATE OF CLAIM-SYSTEM				
	<u> </u>							
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H	1						
	<u> </u>	0	0					
	+	·			0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
								-
	1	0	0		0	0	0	0
	1	1			0	0	0	0
	1							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
	1	1		l .	TIME	TOTAL	CTIVILIO	CHUTHO

NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8518	104	"CLAIM DENIED. SUBMITTED BEYO				
	L HEALTH CE			ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		8599	45	DETAIL NOT COVERED BY COMBINAT	11	222	1690	1468
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8599	31	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	4	"CLAIM DENIED. SUBMITTED BEYO	0	41	1864	1823
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		21	3	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM	8599	109	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	49	DUPLICATE OF CLAIM-SYSTEM	1	215	1029	814
		8518	20	"CLAIM DENIED. SUBMITTED BEYO				
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				